



Keeling, G. (2018). The sensitivity argument against child euthanasia. *Journal of Medical Ethics*, 44(2), 143-144.  
<https://doi.org/10.1136/medethics-2017-104221>

Peer reviewed version

License (if available):  
CC BY-NC

Link to published version (if available):  
[10.1136/medethics-2017-104221](https://doi.org/10.1136/medethics-2017-104221)

[Link to publication record in Explore Bristol Research](#)  
PDF-document

This is the accepted author manuscript (AAM). The final published version (version of record) is available online via BMJ at <http://dx.doi.org/10.1136/medethics-2017-104221> . Please refer to any applicable terms of use of the publisher.

## University of Bristol - Explore Bristol Research

### General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:  
<http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/>

Journal of  
**Medical Ethics**

**The Sensitivity Argument Against Child Euthanasia**

Journal:	<i>Journal of Medical Ethics</i>
Manuscript ID	2017-104221
Article Type:	Response
Keywords:	Euthanasia, Palliative Care, Clinical Ethics

SCHOLARONE™  
Manuscripts

The Sensitivity Argument Against Child Euthanasia

**Abstract:** Is there a moral difference between euthanasia for terminally ill adults and euthanasia for terminally ill children? Luc Bovens considers five arguments to this effect, and argues that each is unsuccessful. In this paper, I argue that Bovens’ dismissal of the sensitivity argument is unconvincing.

**Keywords:** Euthanasia, Palliative Care, Clinical Ethics

Luc Bovens argues that,[1]

(A) There is no good reason to think that our best moral arguments for adult euthanasia do not justify child euthanasia to the same extent.

Here, adult euthanasia refers to voluntary euthanasia for terminally ill patients above the age of 18, and child euthanasia for those below the age of 18. Given (A), Bovens must show that the following claim is false:

(B) There exists at least one moral difference between adult euthanasia and child euthanasia, such that our best moral arguments for adult euthanasia do not justify child euthanasia to the same extent.

I argue that Bovens fails to show that (B) is false. Bovens considers five arguments in favour of (B), and argues that each is unsuccessful. I claim that Bovens’ dismissal of one of these arguments is unsuccessful, such that Bovens provides no decisive reason to reject (B). Consider the *sensitivity argument* (SA):

Children have a stronger desire to satisfy their parental expectations compared to the desire that adults have to satisfy familial expectations. A child will be more sensitive, for example, to the emotional drain that prolonged palliative care places on their parents. A child might, therefore, opt for euthanasia even though they would prefer to continue palliative care, with the intention of alleviating their parents’ suffering. Adults are less sensitive to familial expectations, and are unlikely to choose euthanasia unless it is the right course of action *for them*. [1]

Two clarifications about SA: First, SA must not be confused with the *coercion* argument. The claim is not that if child euthanasia is legal, then parents might coerce children into euthanasia to alleviate their own suffering without considering the best interests of the child. SA concerns the child’s

increased sensitivity to their parents' wishes in the case that the parents have not directly expressed these wishes to the child. For example, the child might prefer the option of prolonged palliative care, but opt for euthanasia because they believe it will alleviate their parents' suffering.

Second, SA is an argument for (B): SA identifies a moral difference between adult euthanasia and child euthanasia. Children are more sensitive to familial expectations compared with adults. Our best arguments for euthanasia assume that suffering individuals can make a free and informed decision in accordance with their personal preferences. SA challenges the idea that children are free to choose euthanasia or palliative care in accordance with their personal preferences, in virtue of their increased sensitivity to parental expectations. If the moral distinction drawn in SA is robust, then (B) is true.

Bovens claims that, for SA to succeed, it must be the case that:

- (C) The probability of a child succumbing to parental pressure and opting for euthanasia against their personal preferences is *greater than* the probability of an adult succumbing to familial pressure and undertaking euthanasia against their personal preferences.

Conversely, Bovens claims that for SA to fail, it must be the case that:

- (D) The probability of a child succumbing to parental pressure and opting for euthanasia against their personal preferences is *less than or equal to* the probability of an adult succumbing to familial pressure and undertaking euthanasia against their personal preferences.

I agree with Bovens on the conditions under which SA succeeds and fails as an argument for (B). I take it that empirical studies attempting to establish which of (C) or (D) is true would face significant ethical challenges. Given this constraint, the dispute over which of (C) or (D) is correct must be settled by considering the strength of reasons for and against these claims.

Bovens provides two reasons to believe that (D) is true.<sup>[1]</sup> First, the pressures exhibited from children towards ageing parents, who face a choice between palliative care and euthanasia, are plausibly greater than the pressure that parents are likely to impose on children in the same circumstances. Second, Bovens argues that parents feel stronger obligations "to make things well" for their children, than children do towards their parents. The first reason provides some motivation for (D), but at present, this reason is a speculation and not a decisive argument in favour of (D). For the second reason, it might be true that parents feel stronger obligations to "make things well" for their children, but it does not follow that children will be insensitive to the fact that euthanasia could alleviate significant stress for their parents.

Bovens' more interesting claim is that *even if* minors are more sensitive to familial expectations compared with adults, this is not a decisive

reason to think that (C) is true, rather than (D). As Bovens understands it, SA assumes that familial expectations will favour euthanasia. But, Bovens contends, familial expectations could equally well favour prolonged palliative care. Hence, it might also be the case that parents pressure their children to undertake further palliative care (against the child's personal preferences), because the parents cannot entertain the thought of letting-go.

Christopher Kaczor attempts to refute Bovens' objection to SA:

"Bovens overlooks that even a small amount of pressure by an authority figure will typically have disproportionate actual force on any child, particularly a sick child. Some parents will exert pressure on a sick and sensitive child in order to make their own lives easier. Children merit extra protection because they are generally more sensitive than adults." [2]

There are three claims here. The final claim is a restatement of SA, providing no reason to believe that Bovens' objection fails. The first and second claims require more careful attention. First,

(E) Even a small amount of pressure by an authority figure will have disproportionate actual force on any child, particularly a sick child.

This might be true. But Kaczor conflates the *sensitivity* argument with the *coercion* argument. In the present discussion, claims about the explicit pressure exerted onto children are not relevant. We are interested in whether children are more sensitive to familial expectations, and whether this increases the probability that children will opt for euthanasia when it is not their personal preference to do so. Second consider,

(F) Some parents will exert pressure on a sick and sensitive child in order to make their own lives easier.

Again, this might be true. But Kaczor conflates *coercion* with *sensitivity*. Kaczor makes no attempt to challenge Bovens' claim that SA does not provide a decisive reason in favour of (C), because children might be sensitive to their parents' desire for the child to undergo further palliative care. It is clear, then, that Kaczor does not undermine Bovens' objection to SA.

I believe that Bovens' objection to SA faces a problem that Kaczor does not consider. Let us grant that Bovens is correct about the following:

The increased sensitivity of children makes terminally-ill children vulnerable to succumbing to their parental expectations and opting for *either* palliative care or euthanasia against their personal preference.

It does not follow that SA provides no reason to favour (C) over (D), which Bovens requires to undermine SA. Notice that SA's support for (C) holds irrespective of whether SA lends support to the claim that children are vulnerable to opt for prolonged palliative care against their personal preferences in virtue of their increased sensitivity to parental pressure. SA

states that children are more sensitive to familial pressures compared to adults. (C) states that the probability of a child succumbing to parental pressure and opting for euthanasia against their personal preferences is *greater than* the probability of an adult succumbing to familial pressure and undertaking euthanasia against their personal preferences. The inference from SA to (C) holds irrespective of whether children's increased sensitivity to parental expectations increases the probability that children will opt for palliative care against their personal preferences.

Bovens' mistake is to pitch the two probabilities as a zero-sum game. If children are more likely to opt for palliative care than adults, in virtue of their increased sensitivity to familial expectations, this does not detract from the probability that children are more likely to opt for euthanasia than adults, in virtue of their increased sensitivity to familial expectations. To show that SA does not support (C), Bovens must show that SA supports (D), where the two probabilities *are* zero-sum. Bovens' observation about sensitivity and palliative care does not support (D). The sensitivity of children to familial expectations of prolonged palliative care is logically independent of the comparative sensitivity of adults and children to familial pressure towards euthanasia.

I believe that Bovens' argument is repairable. But this will require significant elaboration on the two reasons given in favour of (D). At present, Bovens' argument fails to undermine the force of SA, and in turn, fails to establish that there is no good reason to think that our best moral arguments for adult euthanasia do not justify child euthanasia to the same extent.

### Bibliography

- [1] Bovens, L. Child euthanasia: should we just not talk about it? *J Med Ethics* 2015; 41: 630-4
- [2] Kaczor, C. Against euthanasia for children: a response to Bovens. *J Med Ethics* 2016;42: 57-58